

In the United States District Court

District of

Mass.

Boston

Division

04-40042NG

Joseph Marion Head Jr.
Enter above the full name of the plaintiff
in this action.

David L. Winn -
Warden of F.M.C.
Devens

Enter above the full name of the defendant
or defendants in this action.

18,28,42 U.S.C. As Applies
Hereto And As May Be
Applied Hereto And
Thereeto Rule 57 of Fed.
Rule of Civ. Proc. As
Applies Hereto And As
May Be Applied Relating
Hereto, Prior, Present, ETC.,

I. Parties

(In item A below, place your full name in the first blank and place your present address in the second blank.
Do the same for any additional plaintiffs.)

A. Name of Plaintiff Joseph Marion Head Junior 17549-056
Current Address N-3 cell 309 F.M.C. Devens, P.O. Box
879 Ayers, Mass. 01432

(In item B below, place the full name of the defendant in the first blank, his official position in the second
blank, and his place of employment in the third blank. Use item C for the same information regarding any
additional defendants.)

B. Defendant David L. Winn is
employed as Warden
at F.M.C. Devens, P.O. Box 880 Ayers, Mass. 01432

C. Additional Defendants The Medical Staff of F.M.C.
Devens, P.O. Box 880 Ayers Mass. 01432

II. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also
include the names of any other persons involved, dates and places of events. You may cite Constitutional
Amendments you alleged were violated, but do not give any legal arguments or quote any cases or statutes.

Defendants Violated Plaintiffs Rights To Personal Liberty By Failing To Afford To Plaintiff The Judicial Protections Authorized, Required By Law, To Enclude By Requesting Plaintiff To Be Further Committed As Stated in the Petition Filed By U.S.A. On Request of the Defendants Herin, in the U.S. D.Ct. Boston Division of Mass.

III. Relief

Briefly state exactly what you want the court to do for you. (Make no legal arguments. Do not cite cases or statutes.)

Order of Cause To Be Ordered Plaintiffs Lawfull Court Release and Relief Prior Demanded By Plaintiff in the State and Federal Courts of the United States of America, Prior And Present And in addition thereto, Order Plaintiff Legally Paid An Additional Million Dollars A Day, Per Each Day Plaintiff is Incarcerated.

☒ Jury Trial

☐ Non-Jury Trial

IV. Place of present confinement

Gen. Med. Center Devens

See Court Records

A. Is there a prisoner grievance procedure in this Institution? ☐ Yes ☐ No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

☐ Yes ☐ No See Ct. Rec.

C. If your answer is Yes:

1. What steps did you take? See Ct. Rec.

2. What was the result? See Ct. Rec.

E. If there is no prison grievance procedure on the institution, did you complain to the prison authorities?

() Yes () No See Prison, Ct. Rec.

F. If your answer is YES:

1. What steps did you take? See Ct. Rec.

2. What was the result? See Ct. Rec.

V. Previous Lawsuits

A. Have you ever begun other lawsuits in any state or federal court relating to your imprisonment?

(☒) Yes () No See Ct. Rec. of Each Ct.

B. If your answer to A is YES: You must describe any lawsuits, currently pending or closed, in the space below. (If there is more than one lawsuit, you must describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to previous lawsuit:

Plaintiff(s) Joseph Marion Head Junior - 17549-056
W2-007-410-46-36

Defendants David L. Winn and L. M. C. Demers
Med. Staff.

2. Court (if federal court, name the District; if state court, name county): N.C., W. Va., Boston

3. Docket number: See Ct. Rec. (Michigan Mass.)

4. Name of Judge to whom case was assigned See Ct. Rec.

5. Disposition (was the case dismissed? Appealed? Still pending?) See Ct. Rec.

6. Approximate date of filing lawsuit See Ct. Rec.

7. Approximate date of disposition See Ct. Rec.

I declare under penalty of perjury that the foregoing is true and correct.

3-24-04

(Date)

Joseph Marion Head Junior
17549-056

(Signature of Plaintiff)

3.

U.S. Department of Justice
Federal Bureau of PrisonsInmate Personal Property Record—
Institution: _____

1. Name: <u> </u>		2. Register Number: <u> </u>		3. Unit: <u> </u>		4. Date and Time of Inventory: <u> </u>	
5. Purpose of Inventory (check one that applies): Date and Time of Action: _____						6. Disposition (Disp.)	
a. <input type="checkbox"/> Admission b. <input type="checkbox"/> Hospital c. <input type="checkbox"/> Writ d. <input type="checkbox"/> Transfer e. <input type="checkbox"/> Detention f. <input type="checkbox"/> Release						D - Donated M - Mail S - Storage	
g. <input type="checkbox"/> Incoming package h. <input type="checkbox"/> Other (specify) _____						K - Keep in Possession	
						C - Contraband (Attach BP-Record-102)	
7. Type of Property:		#	Article	Disp.	b. Hygiene, etc.	#	d. Food/Tobacco Items
a. Personally Owned Items		#	Article	Disp.	#	Article	Disp.
<input type="checkbox"/> Batteries			<input type="checkbox"/> Plastic spoon, cup		<input type="checkbox"/> Dental floss		<input type="checkbox"/> Canned tobacco
<input type="checkbox"/> Belt			<input type="checkbox"/> Playing cards		<input type="checkbox"/> Dentures		<input type="checkbox"/> Chewing tobacco
<input type="checkbox"/> Billfold			<input type="checkbox"/> Purse		<input type="checkbox"/> Deodorant		<input type="checkbox"/> Cigarettes
<input type="checkbox"/> Books, reading			<input type="checkbox"/> Radio (w/earplug)		<input type="checkbox"/> Hair oil		<input type="checkbox"/> Cigars, snuff
<input type="checkbox"/> hard _____, soft _____			<input type="checkbox"/> Religious medals		<input type="checkbox"/> Noxzema		<input type="checkbox"/> Coffeemate
<input type="checkbox"/> Books, religious			<input type="checkbox"/> Ring		<input type="checkbox"/> Powder		<input type="checkbox"/> Cold drink mix, soda
<input type="checkbox"/> hard _____, soft _____			<input type="checkbox"/> Shirt/blouse		<input type="checkbox"/> Razor		<input type="checkbox"/> Fruit
<input type="checkbox"/> Brassiere			<input type="checkbox"/> Shoes		<input type="checkbox"/> Razor blades		<input type="checkbox"/> Honey, Hi-protein
<input type="checkbox"/> Cap, Hat			<input type="checkbox"/> Shoes, shower		<input type="checkbox"/> Shampoo		<input type="checkbox"/> Instant chocolate
<input type="checkbox"/> Coat			<input type="checkbox"/> Shoes, slippers		<input type="checkbox"/> Shaving lotion		<input type="checkbox"/> Instant coffee
<input type="checkbox"/> Coins			<input type="checkbox"/> Shoes, tennis		<input type="checkbox"/> Skin lotion		<input type="checkbox"/> Instant tea
<input type="checkbox"/> Comb			<input type="checkbox"/> Shorts		<input type="checkbox"/> Soap		<input type="checkbox"/> Pipe cleaner/filters
<input type="checkbox"/> Combination lock			<input type="checkbox"/> Skirt		<input type="checkbox"/> Soap dish		<input type="checkbox"/> Pipes
<input type="checkbox"/> Dress			<input type="checkbox"/> Slip		<input type="checkbox"/> Toothbrush		
<input type="checkbox"/> Driver's license			<input type="checkbox"/> Social security card		<input type="checkbox"/> Toothpaste		
<input type="checkbox"/> Earplugs			<input type="checkbox"/> Socks				
<input type="checkbox"/> Eyeglass case			<input type="checkbox"/> Socks, athletic				
<input type="checkbox"/> Eyeglasses			<input type="checkbox"/> Stamps				
<input type="checkbox"/> Gloves			<input type="checkbox"/> Stockings				
<input type="checkbox"/> Hair brush/pick			<input type="checkbox"/> Sunglasses				
<input type="checkbox"/> Handkerchief			<input type="checkbox"/> Sweater				
<input type="checkbox"/> Jacket			<input type="checkbox"/> Sweat pants				
<input type="checkbox"/> Jogging suit			<input type="checkbox"/> Sweat shirt				
<input type="checkbox"/> Legal Materials			<input type="checkbox"/> Trophy				
<input type="checkbox"/> Letters			<input type="checkbox"/> T-Shirts				
<input type="checkbox"/> Magazines			<input type="checkbox"/> Underwear				
<input type="checkbox"/> Mirror			<input type="checkbox"/> Watch/watch band				
<input type="checkbox"/> Nail Clippers			<input type="checkbox"/> Wig				
<input type="checkbox"/> Pant/slacks							
<input type="checkbox"/> Pen, ballpoint							
<input type="checkbox"/> Pencils							
<input type="checkbox"/> Personal papers							
<input type="checkbox"/> Photo album							
<input type="checkbox"/> Photos							
8. Items Alleged by Inmate to Have Value Over \$100.00							
<u>Description of Property</u>				<u>Value Alleged by Inmate</u>			
<input type="checkbox"/> No individual item over \$100.00							
9. Article(s) Listed as "Mail" (M) Are to be Forwarded to (Name and Address of Consignee):							
10. Claim Release: a. The receiving officer, as soon after receipt of the property as possible, will review the inventory with the inmate to verify its accuracy. Property that is stored, kept in possession of the inmate, mailed out of the institution, or donated is to be marked in the appropriate section of this inventory form. The receiving officer certifies receipt, review and disposition of the property by signing below. The inmate by signing below certifies the accuracy of the inventory, except as noted on the form, relinquishing of all claim to articles listed as donated, receipt of all allowable items, and receipt of a copy of the inventory. When the inmate claims a discrepancy in the inventory, the receiving officer shall attempt to resolve that discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under Comments.							
<u>Comments</u>							
Printed Name/Signature of Receiving Officer: _____ Date: _____ Time: _____							
I have today reviewed the property returned to me. Signature of Inmate: _____ Reg. No.: _____ Date: _____ Time: _____							
b. Upon release of the inmate from the unit, detention, etc., the releasing officer is to give the inmate that property stored as a result of the inmate's housing. The inmate certifies release of the property, except as noted on this form, and receipt of a copy of the inventory by signing below. When the inmate claims a discrepancy in the inventory, the releasing officer shall attempt to resolve that discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under Comments.							
<u>Comments</u>							
Printed Name/Signature of Releasing Officer: _____ Date: _____ Time: _____							
I have today reviewed the property returned to me. Signature of Inmate: _____ Reg. No.: _____ Date: _____ Time: _____							